

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.								*
1	/						51							
2	/						52							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	7						TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS	26						TOTAL CLAIMS							